

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: 7/1/16-9/30/16 Grantee Name Women's Life Care Center

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	1	1	4	6	9	4	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
8	5	9	3	0

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
9	15	1

4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
4	9	0	0	7	5	0

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
6	18	1